

# Preparation for Assurance **Peer Challenge Report**

## **Redcar and Cleveland Borough Council**

February 2024

Final Report





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## Background

Redcar and Cleveland Borough Council (RCBC) asked the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council. The work was commissioned by Patrick Rice, Executive Director for Adults and Communities and the statutory Director of Adult Social Services. The Executive Director was seeking independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection and how well RCBC is delivering adult social care services for its residents.

A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.

As Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

- **Kerrie Allward** Executive Director Adult Social Care, Public Health and Hub, Walsall Council
- **Cllr Keith Cunliffe** Deputy Leader and Adult Social Care Portfolio, Wigan Council
- **Martin Sexton** Principal Social Worker, Adult Social Care, Salford City Council
- **Vince Fraga** Assistant Director for Social Care - Commissioning, Stockport Metropolitan Borough Council
- **Sue Massel**, Assistant Director Adult Social Care Operations, Bury Council
- **Kathy Clark**, Peer Challenge Manage, LGA Associate

The team were in Redcar and Cleveland for 3 days between 20-22 February 2024. In arriving at their findings, the peer team:

- Spoke to circa 130 people including a range of council staff together with members, partners, 10 carers and people with lived experience of care.
- Read a range of documents provided by Redcar and Cleveland Borough Council, including a self-assessment, and completed a case file audit of 12 cases.

The team concentrated on engaging with front line staff and did not engage with many managers, in line with the approach understood to be taken by the CQC, which limited triangulation and context in some circumstances.

Specifically, the peer team’s work was focused on the Care Quality Commission (CQC) framework four assurance themes for the adult social care assurance process. They are:

<b>Care Quality Commission Assurance themes</b>	
<p><b>Theme 1: Working with people.</b></p> <p>This theme covers:</p> <ul style="list-style-type: none"> <li>• Assessing needs</li> <li>• Planning and reviewing care</li> <li>• Arrangements for direct payments and charging</li> <li>• Supporting people to live healthier lives</li> <li>• Prevention</li> <li>• Wellbeing</li> <li>• Information and advice</li> <li>• Understanding and removing inequalities in care and support</li> </ul>	<p><b>Theme 2: Providing support.</b></p> <p>This theme covers:</p> <ul style="list-style-type: none"> <li>• Market shaping</li> <li>• Commissioning</li> <li>• Workforce capacity and capability</li> <li>• Integration</li> <li>• Partnership working.</li> </ul>

<ul style="list-style-type: none"> <li>• People’s experiences and outcomes from care.</li> </ul>	
<p><b>Theme 3: How the local authority ensures safety within the system.</b></p> <p>This theme covers:</p>	<p><b>Theme 4: Leadership.</b></p> <p>This theme covers:</p>
<ul style="list-style-type: none"> <li>• Section 42 safeguarding enquiries</li> <li>• Reviews</li> <li>• Safe systems</li> <li>• Continuity of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Learning</li> <li>• Improvement</li> <li>• Innovation</li> <li>• Governance</li> <li>• Management</li> <li>• Sustainability.</li> </ul>

Redcar and Cleveland Council also asked for feedback on:

- Whether the council are making best use of staff resources to meet the demands of statutory duties.
- Any advice on strengthening the offer to unpaid carers.
- Any advice on areas of focus to develop with the voluntary sector to achieve good outcomes and prevent, reduce and delay the need for formal care.
- Any advice how to effectively embed and win hearts and minds around change and the strategic direction.
- Whether the assurance arrangements to understand and manager performance will effective when fully implemented.

The peer team were given access to at least 157 documents including a self-assessment. Throughout the peer challenge the team had more than 25 meetings with at least 130 different people. The peer challenge team spent over 180 hours with Redcar and Cleveland Borough Council, the equivalent of 24 working days.



Invariably this is still a snapshot of Redcar & Cleveland Council.

The peer challenge team would like to thank councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information collected on a non-attributable basis. The team was made very welcome and would like to thank Victoria Wilson, Alison Hill and their team, for their invaluable assistance and for the support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

## Key Messages

There are a number of observations and suggestions within the main section of the report. The following are the peer team's key messages to the council:

### **Staff Commitment**

Redcar and Cleveland Council has a passionate and committed staff team, with a strong value base and a strong commitment to Redcar and Cleveland.

### **Leadership**

Leadership is supportive, visible and accessible to staff and to key partners. Investment in staff and the transformation is showing evidence of positive change.

### **Strong relationships**

Redcar and Cleveland is a small authority and uses this to foster relationships as a keystone to doing business. Adult Social Care in Redcar and Cleveland is highly regarded by partners.

### **Developing longer term strategic plans**

A more structured and visible approach to change could build on the use of positive relationships to support the council in its improvement journey. Strategic direction beyond the immediate plans could be clearer, with the work on better use of data and intelligence helping to shape this.

This may also support the council to bring together the evidence of impact.

### **Communities and community assets**

A stronger focus on communities and their assets will help in the journey ahead. This will support the council to maximise prevention opportunities.

In addition, a summary of the Peer Team's thoughts on the questions posed by the Council are as follows. These suggestions are limited, by the nature of examples the team will have observed during their visit, but there will be some background in the

main report.

**Whether the council are making best use of staff resources to meet the demands of statutory duties.**

The work to strengthen the front door, will help ensure that Redcar and Cleveland provide the most proportionate response to request for support. Closer working with the voluntary sector should enhance this even more.

The peer team suggests there may be opportunities: to optimize staff deployment in hospital discharge processes; possibly to reduce time spent on recording by supporting staff to keep their records focussed, concise and clear; and to review whether there are some tasks which could be undertaken in different ways, for example arranging for a support worker to accompany someone on a visit instead of a social worker.

**Any advice on strengthening the offer to unpaid carers.**

Alongside the messages in the Carers strategy, the main message the team heard was about the importance of getting the support right for the person a carer is caring for. There may be benefits in working with carers to develop public facing information and a stronger offer to help care plan for the future would be helpful the team suggests.

**Any advice on areas of focus to develop with the voluntary sector to achieve good outcomes and prevent, reduce and delay the need for formal care.**

The team suggests there is work to do to ensure sustainability of the sector, including reviewing how the Council contracts and funds the key partners. Learning could be shared from public health on commissioning for prevention and for outcomes. Embedding the voluntary sector in an integrated support offer at the front door and developing links with more local community groups would support a stronger strengths and asset based operational model with a focus on your vision to prevent, reduce and delay the need for formal care.

**Any advice how to effectively embed and win hearts and minds around change and the strategic direction.**

The peer team believes staff are onboard with the strategic vision as it fits with their core values but thinks there is more the directorate could do to improve communication. A plan for sharing clear and consistent messages from the senior leadership team through to frontline workers, together with linking actions, development opportunities and decisions to objectives should help staff see how the vision and direction of travel relates to their roles.

**Whether the assurance arrangements to understand and manage performance will be effective when fully implemented.**

The peer team did not look at this in detail, but were impressed by the thinking, planning and proposals for the development and use of data and intelligence.

## Theme 1: Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

### Strengths

The Council's self-assessment regarding Working with People shows self-awareness and much of the peer team's findings reflect the self-assessment.

Redcar and Cleveland staff were very positive, passionate, and proud of their value-based practice and of working for the council. They talked about ways they offer strength based and person-centred assessments, focusing on supporting independence. It came through in the sessions with the Access Team and with front line workers that assessments look at people's abilities and strengths and identifying with people what matters to them. This was also evident in the majority of the cases reviewed in the case file audit.

The case file audits suggested there is good follow up to ensure people receive information and copies of their assessments and support plans.

Some people with lived experience commented on good communication from specific named workers, and there was a clear view that having an allocated social worker improves experience and outcomes, although the peer team heard this may not always be available. As the council's self-assessment sets out, the 2022/23 ASCOF indicators show good satisfaction levels with care and support and the LG Inform report for Redcar and Cleveland shows a higher score for the impact of social care services than the national or regional average.

Where people are waiting for allocation for assessment or reassessment, staff were able to talk with confidence about the proactive as well as the reactive risk management and Waiting Well approach. Occupational Therapy (OT) services have the longest waiting lists, but the council is working, with health partners, to address workforce capacity, triaging, self-service options and proportionate assessments.

Feedback from staff was that where people are waiting for an allocated worker, urgent matters are prioritised, and responded to promptly, including for young people moving into adult services. People with lived experience and carers were clear that having an allocated worker was seen as very positive and there were some named individuals who were seen as stars.

The peer team heard from some people who have used a Direct Payment (DP) that it offered flexibility and was 'brilliant', although some of the monitoring is seen as overburdensome and unsympathetic.

The peer team saw evidence that the council is looking at outcomes and improving health and wellbeing for people – at the Front Door and in some Voluntary Sector contracts. The Front Door offer includes creative problem solving and has good links to some support offers which help to prevent reduce delay (Changing Futures, OT and housing, equipment). Redcar and Cleveland council has maintained good ASCOF indicators around social contact, in spite of isolation and loneliness being widely recognised as a growing issue.

There is a comprehensive suite of information for the public available in your evidence library and voluntary sector partners are aware that you signpost people to them.

The peer team heard positive views of the advocacy offer, from both partners, people with lived experience and carers. Peers were particularly impressed with the creative approaches from Skills for People, offering advocacy and education for people with learning disabilities, including working with providers, to ensure they have a 'Voice'.

## Considerations

The peer team felt that there is much more that Redcar and Cleveland could do to maximise the offer from the Voluntary Sector, including more integration at the Front Door and throughout the assessment process. Although people are signposted to the voluntary groups, the sector said people present as self-referrals and so they are

not aware of contact with the council. The team heard this can sometimes cause problems when there are capacity and sustainability issues for some voluntary groups. The voluntary sector groups said they can make referrals to the Front Door, but they usually receive little or no feedback, unless or until the person returns to them to say nothing has happened.

The peer team heard from people with lived experience and carers as well as staff who stated that the current information offer is not always easy to navigate or to find. The council's self-assessment identifies this, as well as work to improve the information offer (PIN) but the Peer Team wondered if the interface with the Making Every Contact Count (MECC) service ([MECC | \(meccgateway.co.uk\)](https://meccgateway.co.uk)) may mean this is still not joined up. The Peer Team also suggests that the information for the public about the support available could be written with a stronger emphasis on how you work in a strength-based way. For example, the information on assessment and eligibility is service focussed.

The peer team acknowledges they only met with a very small sample of people with lived experience and carers, but several people said it feels as though they have to fight to access support, and peers were not confident that carers always knew their needs were being considered in Care Act Assessments. Some carers thought carers assessments were mainly a tick box exercise, and there were other comments about too much emphasis on paperwork. The team heard from one person where it appeared a decision on eligibility for support was based on what the carer was not doing.

Carers would like to see more support for planning for the future, for themselves and the person they care for. One carer thought person centred planning was no longer used; this was not confirmed by the observations of the peer team. Some people found the financial information difficult to understand and there were comments about cost seeming to come before people. The language in the information about Direct Payments felt unsympathetic and unhelpful. Some of the experiences around communication during covid, when urgent service changes had to be made, seem to

have reduced trust.

Although well managed, there are unallocated cases in Locality Team Duty trays as well as for OT assessments. The peer team heard that there is also a waiting list for advocacy support. The council's self-assessment does refer to people waiting for assessment and review but as CQC will be looking at the numbers and length of time people have to wait for assessments and support, the peer team suggests the council could say more in the self-assessment about this, including waiting times and the (positive) approach to managing risk.

The peer team felt that, as yet, there is still a limited approach in Redcar and Cleveland to assessing for cultural needs and other protected characteristics. Peers heard people suggesting in a number of meetings the low numbers of minority communities meant that it 'was what it was'. Staff training is starting to address this but a higher profile to understanding barriers and inequalities would help understand and respond to all the community.

The case audit suggested that the traditional support model and market in Redcar and Cleveland hampers full delivery of a strength-based approach, with support plans based around the current menu of options for support. Whilst the ASCOF indicator is good, showing Redcar and Cleveland to be above the national and regional average for use of Direct Payments (DPs), the team heard that the DP process is seen as hard to navigate and not well understood by some practitioners, and heard that the administration of DPs feels burdensome for some carers.

Whilst there is a strong message about prevention and supporting health and wellbeing, Redcar and Cleveland's health improvement and wellbeing offer could be more fully joined up. Although there is a new Prevention Strategy, Public Health, which is a shared service with Middlesbrough, appeared to have a fairly purist Public Health view of prevention and health improvement, around core Public Health concerns and so did not see managing demand (Adult Social Care's 'prevent, reduce, delay') as part of their remit. The peer team suggests one example of where

this is seen is in the different approaches being taken to Making Every Contact Count and the PIN information development and this may mean you are missing opportunities to offer a strong person centred and holistic prevention offer to improve health and wellbeing.

The council's self-assessment does not fully address the challenges in Redcar and Cleveland's Adult Social Care Mental Health provision. The peer team heard that the council's mental health team is not currently co-located, which limits collaboration with health services, and it is very secondary healthcare focussed. The Team also heard of recent issues around capacity, with very small numbers of social work staff. Whilst this does seem to be improving, the limited collaboration and secondary rather than community or primary care focus, will probably make it harder to address the needs of the whole person Some staff commented on improvements needed to secondary care services.

## Case File Audit Findings

The peer team considered 12 cases in the audit.

### Strengths

The files showed a generally good standard of practice, although with some variations. Most, but not all, records had a clear sense of the voice and wishes of the individuals involved.

Peers saw evidence of good strength-based assessments,

Peers commented on good evidence of legal literacy, which was very impressive.

Front Door triage looked positive.

### Considerations

Peers felt that some of the case recordings were very detailed and overlong, which



made it difficult to follow what was happening and what was important.

Support plans looked more traditional and addressed needs based on the support services available.

Some social workers may be completing tasks that could be undertaken by support workers.

One safeguarding record was considered to have lost focus on the individual about whom the enquiry concerned in the middle of an ongoing police enquiry.

## Theme 2: Providing Support

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

### Strengths

The peer team heard that Redcar and Cleveland Council has a strong response to managing demand and capacity and has a stable market. Commissioners were confident they can act and feel supported. They receive current intelligence from assessment teams and from brokerage as well as through the Supported Living Panel and Transitions Group. These last two are providing the Council with information of some future needs.

Staff told the team that the council has been able to reduce the waiting time for domiciliary care significantly in recent years and has seen quality improvement across most of the sector. Providers confirmed this and the team noted good understanding of current market and provider pressures, including the recognition of the fragility of nursing home care and gaps in meeting complex needs.

The team heard that Public Health leads on commissioning for prevention and were impressed by the outcomes focus they deploy. The council's Voluntary Sector partners reported a focus on outcomes in their work as well as strong, helpful conversations with commissioners. The community health development role seems to be embedded in communities and is able to feed into the Joint Strategic Needs Assessment (JNSA).

It is clear that the Better Care Fund (BCF) is being used to drive outcomes, with investment in a strong bed- based Intermediate Care offer, and performance indicators suggesting good outcomes for people returning and remaining at home after 91 days. Staff were very positive about the support offered by Meadowgate, as were people with lived experience who had been supported there. The service

appears to be well resourced, and benefits from an integrated therapy offer.

There is a culture which wants to see increased integration, with a shared vision around prevention and ambition to move forward together. Some of the impact which can be demonstrated is the development of the transfer of care hub and the reduction in hospital discharge delays.

The peer team heard very strong messages from both providers and commissioners about good relationships, based on personal connections made between providers and the Council. There are open and honest discussions about fees and finance, and the council is seen as pragmatic, practical and responsive. Several providers spoke of the Director as being very approachable. One provider said it was one of the best relationships they have with commissioners. Access to the training offered by the council to the independent sector is valued.

Quality Assurance processes were considered by the peer team to be efficient and robust. Providers welcomed the new approach to quality monitoring, which is being introduced. This is backed up by provider review meetings and by the conversations at provider forums to address any emerging issues.

The team heard some differing messages about Domiciliary Care capacity, but most say access is now good with very few waits. There were positive comments about the planned move to a new framework.

The team heard of some good practice of evidence of listening to people with lived experience when designing new supported living services.

Equipment service is seen as responsive and enabling.

There is a strong narrative about the benefits of partnership working across South Tees, and Teesside, enabling engagement with wider partners who work across the council footprints, bringing together a stronger voice for adult social care, and maximising capacity across the councils.

## Considerations

The peer team was not confident that there is a comprehensive and up to date analysis of Redcar and Cleveland communities' needs. Although the JSNA sets out the high-level needs and challenges it covers the wider Teesside area. The council's Market Position Statement (MPS) and Market Sustainability Plan (MSP) seemed to the peer team to focus primarily on sustaining and growing the current market, with most of the information held within the MSP and with only limited information about future commissioning intentions beyond stabilising the market.

The current market remains quite traditional, with a strong reliance on registered care provision. In house provision for Intermediate care, whilst a flagship, is primarily delivering bed-based care, and the team was not able to establish whether inhouse services have developed to fill a gap in the market, for example to support the most complex needs, or are an historic legacy. The team were not clear if in-house services have been critically reviewed through a commissioning lens.

Commissioning capacity may be limiting activity for market shaping to create new or innovative support options. The peer team did not hear of any plans to explore innovative new ways to support people, other than the planned work to explore digital opportunities. There may be opportunities being missed to look at, for example, supporting the development of micro- enterprises, of a Shared Lives scheme and to support the development of community-based assets. The team felt there is limited understanding of where there may already be community assets, or how to support or grow them, although there may be potential synergies to work more closely with Public Health and the community health development programme.

In the same vein, peers thought there may be opportunities for Adult Social Care to work more collaboratively and strategically with the Voluntary Sector to develop the Prevention Strategy around 'Prevent, Reduce, Delay'. The team heard that there are significant worries within the sector about sustainability, with one-year contracts and

no uplifts if contracts are rolled over. The team heard the role and value of the voluntary sector infrastructure organisation was not widely well understood, and the Team were not clear of the respective roles of the two support groups currently working in the Borough. The team thought there may be a lack of awareness within the sector of the planned recommissioning of the support for the voluntary sector, but a willingness and an appetite to be co-producing any new solutions.

Home based intermediate care capacity was confirmed as an issue in the meetings the peer team held, as were gaps in the support market for younger adults and complex needs, all of which are recognised in the Self-Assessment. Workforce recruitment and retention is clearly a challenge for providers, as it is in so many areas. As part of a whole workforce strategy peers would suggest Redcar and Cleveland Council includes clear actions on plans to support providers around recruitment and retention.

The team heard that it is possible for people to return home from a bed based intermediate care offer to their own home, with a further community based intermediate care offer. Whilst recognising this may occasionally be appropriate as an exception, peers suggest that it may be worth reviewing if this is the case, and if it is, testing whether this can be reduced, to optimise the use of intermediate care capacity and to keep each individual's reablement offer to a maximum of 6 weeks in total.

The team heard that social workers are available to support discharges 7 days a week, but that weekend discharges are low, because other partners are not offering a 7-day service. This means that resources are not being used to best effect and on days when discharges are busier there may be fewer social workers available.

## Theme 3: Ensuring Safety

This area relates to safeguarding, safe systems, and continuity of care.

### Strengths

The peer team heard a strong commitment to, and a confidence in, the Teesside Safeguarding Adults Board (SAB) model. Staff confirmed it allows positive learning to be shared across a wider footprint, and the Tees-wide training, which supplements the Redcar and Cleveland safeguarding training, which was reported to be good. The joint Board encourages wider partners to engage fully in strategic safeguarding work. Peers heard that Redcar & Cleveland contribute to most, although not all, sub-groups and lead some sub-groups.

Although the Board's Annual Report does not provide specific information about Redcar and Cleveland's performance, a local report to Scrutiny ensures that the Council has a clearer oversight of activity in the Borough.

No concerns were raised about practice assurance by SAB representatives and peers heard positive views about advocacy in Redcar and Cleveland. Practitioners were clear that they aim to Make Safeguarding Personal (MSP) and reported that they consider the council has a good focus on MSP, including working with other professionals, and positive risk taking. The appointment of a dedicated domestic abuse worker was seen as a helpful and a positive step and the joint working around drug and alcohol services was also highlighted as supporting people to manage risks around the challenges of complexity in these areas.

There appears to be a good understanding of risk management and mitigation to ensure a safe system, spoken about in the access, locality, and specialist teams. The team heard that staff work hard and support each other.

Providers were aware of the Teeswide Safeguarding Adults Board's 'Responding to and Addressing Serious Concerns' approach to managing provider concerns, and quality assurance staff reported good links to the safeguarding team. One provider

was complimentary of the support provided by the council during the process, although there may be opportunities to improve further on this as some providers reported information sharing could sometimes be better, including a heads up on concerns being shared earlier.

The Transitions Group was seen by assessment staff in both adults and children's services, and by commissioners, as a good way to monitor and manage progress from moves to adults' services. Peers heard of good working relationships with practitioners who know each other.

The peer team heard some positive messages about safe hospital discharges and strong joint working to enable discharges from staff, partners and from a small number of people with lived experience.

## Considerations

It is clear there are staffing pressures in Safeguarding Team, and the team is small even if at capacity now that it has been separated from the Access Team. There has been some shift of work to locality teams, but the peer team was unsure if all locality staff are trained and feeling skilled to the same level. However, there is still oversight from the safeguarding team of the work undertaken in the Locality Teams. The peer team suggests that this is carefully monitored, and the training needs of locality teams reviewed and if necessary, addressed.

The council's self-assessment identifies that risks are being reduced, but the peer team noted the SAC 2022/3 data does not seem to include if Redcar and Cleveland outcomes are being achieved. The peer team is aware that work is underway to address this but suggests the council may want to think about how to evidence the statement about outcomes and risk in your self-assessment. Some frontline staff perceived the high risk panel (HRAP) as needing greater transparency in terms of risk sharing and solutions but the team was unable to explore this further with management and partners.



The team heard safety concerns raised about Mental Health provision, with the NHS Foundation Trust being judged Inadequate by CQC for some time, and some high-profile incidents and concerns across the wider patch. The peer team also heard that the connections between the council's mental health team and safeguarding and access is not as strong as staff would like to see.

Although peers heard positive feedback about hospital discharges, there was some suggestion that poor outcomes from hospital discharges are not always addressed adequately; that sometimes discharges are requested before someone is medically fit; and that hospital staff do not always understand the offer that Meadowgate provides.

Similarly, the team heard some alternative views that some transitions to adult services do not always go well – with late identification sometimes likely for those with Mental Health needs, where CAMHS have been difficult to engage with. Carers also thought improvements are needed.

Peers heard that training resulting from a Safeguarding Adults Review (SAR) is not always linked to that SAR, so staff may not be aware of the context for the training and the council may have difficulty evidencing the embedding of learning.

## Theme 4: Leadership

This relates to capable and compassionate leaders, learning, improvement, and innovation.

### Strengths

The peer team heard in many meetings that Redcar and Cleveland's Leadership Team and managers are supportive, open, and visible, with specific positive feedback about several individuals. The culture was variously described as 'can do', solution focussed, open to new ideas, friendly and flexible.

The peer team was impressed with the feedback from staff involved in the support networks around protected characteristics, which appear to be able to influence leadership strategy within the organisation.

Professional support and supervision, and the Principal Social Worker (PSW) were all commended.

Staff feel more involved in change than in the past, saying that their views are sought and heard.

The Portfolio Holder is new to both the council and the portfolio, but demonstrated a strong commitment and a desire to learn and brings insights and experience that will be positive.

The council's vision and ambitions around prevention, reablement and early intervention, are clearly understood and shared, within the staff group and with partners. Peers were impressed at the level of understanding of health partners about the Care Act requirements that CQC will be assessing and their articulation of the Adult Social Care vision.

Partners and providers, across the board, reported there are good working relationships with the council. People know who to contact and feel they can easily speak to colleagues if there are any issues. The Director is well respected and seen as an influential leader.

Corporate colleagues are seen to be supportive, but challenging, which strengthens the Department's resources around performance management, risk and change management. The work undertaken to develop performance dashboards is very encouraging, with a focus on bottom-up ownership, management oversight and a view to how the data can be used in future. There are good indications you will be able to use it to develop intelligence, to provide assurance and to shape strategy. Peers heard of some good examples around risk management and how adult social care risks are fed into corporate processes, and were impressed by the project management discipline, which underpins your change programme, but does not appear to dominate it.

Development and training opportunities are strong. Redcar and Cleveland Council is clearly committed to 'growing your own' and to understanding why people stay. The peer team heard of positive experiences of apprenticeships, of student placements and of newly qualified social workers, who all felt supported and encouraged in their personal development.

## Considerations

The team felt that Redcar and Cleveland Council could do more to support recruitment. Workforce capacity is a recurring theme in the challenges the council faces, with waiting lists, with OTs, with the provider market. The peer team heard some suggestions from staff around developing an Adult Academy and working with HR and Communications colleagues to promote both Redcar and Cleveland and Adult Social Care in a more proactive, confident and co-ordinated way. Opportunities for flexible working appear to depend on the agreement of individual managers based on service needs. The peer team would also suggest it would be helpful to have a clear plan, within a whole sector and system workforce strategy, for actions the council and partners will take, including supporting the external provider market.

The peer team suggests that the Adult Social Care staff development offer could go

further to look at succession planning, to 'grow your own' beyond entry level. Whilst there is a range of training and development offers that the peer team heard about, there was a suggestion that not everyone was able to access them or know about them. It might be possible to develop a stronger link between the training offer and the council's priorities and objectives so that staff are reminded how the priorities and objectives relate to them and their practice. Appraisal and personal development plans were not seen as clearly linked to the objectives, although they are linked to behaviours and values.

Peers heard that communication from senior leadership can be unclear by the time it reaches front line staff, and the Team had a sense that staff rely on their professional values to deliver a good response rather than a strong Redcar and Cleveland framework. Policies and procedures were not always seen as accessible or easy to navigate. Peers felt a good Communications Plan would help you.

There are opportunities to link the Portfolio Holder to the range of support available to support new portfolio holders' learning and development. There may be opportunities to strengthen scrutiny challenge, including to undertake deep dives into areas for improvement, to help shape that improvement. The unusual arrangements across the Tees Authorities can give a robustness to strategic planning and scrutiny, but it also means that a strong Redcar and Cleveland focus needs to be visible.

The peer team felt there are opportunities to develop stronger collaborations, including Health, Public Health and Childrens to drive understanding of need and strategic commissioning. Messages about commissioning plans could be driven more strongly by data and intelligence about long term demand and gap analysis, but also by looking for innovation. This may help with medium- and long-term financial planning, including seeking capital investment opportunities.

Public Health appeared to be more disconnected from wider Council and Adult Social Care strategic planning than the team would have expected. They have skills and disciplines which could help with ASC and wider council priorities, including a more

joined up approach to prevention, building in a much stronger connection with the voluntary, community and faith sector at the Front Door reaching and developing community assets, as well as learning from the Public Health outcome approach to commissioning.

The peer team suggests that the understanding of and support for the voluntary and community sector could be stronger. Work with the voluntary sector relies on personal relationships, but there are questions about the sector's sustainability. Some groups talked about one year rolling contracts, with no uplifts, which makes it hard for them to plan ahead. The peer team did not see evidence of a Voluntary Sector Compact, setting out agreed ways of working between the sector and the council, and the plans for a refreshed voluntary infrastructure support do not seem to be well known or socialised. The council's commissioning approach does not appear to be supporting sustainability and relationships with smaller community groups appears limited. This could be a risk to delivery of the vision around prevention and early intervention.

The peer team felt the council could be more explicit about the challenges within the system around mental health. The self-assessment references the transformation programme, but the peer team felt it underplays the significant issues that need to be addressed, which it will be important to acknowledge and to be able to show you have the leadership capabilities to address.

A community focus on Equality, Diversity and Inclusion (EDI) does not appear to be well developed, although the internal work in the department is encouraging. Peers suggest work on EDI would benefit from the corporate approach.

Co-production ambitions were evident, and the work with Healthwatch is promising. However, Peers thought it could be better defined within the engagement strategy so the range and intentions around consultation, engagement and co-production is more widely understood, including with engagement partners. There may be opportunities to involve providers more in the engagement plans.

## Top Tips for Assurance Preparation - for consideration

- **Appoint an adult social care lead.**
- Political briefings.
- Secure corporate support and buy-in.
- **Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.**
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

## Lessons learned from other peer challenges

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.

- This will probably take the form of:
  - What are staff proud to deliver, and what outcomes can they point to?
  - What needs to improve?
  - What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- **The conversation with the regulator is not a chat.** For those interviewed it should be a description of what they do and the impact they have had. Case examples written in the authentic voice of those with a lived experience bring this alive.

## Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the

wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on a number of the areas for development and improvement and we would be happy to discuss this.

Mark Edgell is the LGA Principal Adviser for the North East Region and the main contact between your authority and the Local Government Association. Their contact details are:

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In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

## Contact Details

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For more information on the adults peer challenge programme and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)